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SERIAL NUMB 09/601,384	ER	FILING DATE 07/27/2000 RULE	(CLASS 348	GRO	ROUP ART UNIT 2643		ATTORNEY DOCKET NO. COLB-002/01US		
		g, Hillsborough, CA ;							· · · · · · · · · · · · · · · · · · ·	
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/16/2000 –										
Foreign Priority claimed 35 USC 119 (a-d) condi met Verified and Acknowledged	itions	yes no Met aft Allowance	er tials	STATE OR COUNTRY CA	DRA	ETS / WING 5	TOTA CLAII 49		INDEPENDENT CLAIMS 14	
ADDRESS Cooley Godward Five Palo Alto So 3000 El Camino I Palo Alto ,CA 94	Real	2155		_						
TITLE Multifunction vide	ео со	mmunication service	device		-					
RECEIVED	FEE FEES: Authority has been given in Paper ED No to charge/credit DEPOSIT ACCOUNT				UNT	All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				



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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2926

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SERIAL NUMBI 09/601,384	ER	FILING DATE 07/27/2000 RULE	CLASS 348		GROUP ART UNIT 2643		ATTORNEY DOCKET NO. COLB-002/01US		
APPLICANTS	***********				*************		***************************************	***********	
Lester F. Ludwig,	Hillst	oorough, CA;							
	s a 37	**************************************		99					
** FOREIGN APPLICATIONS ************************************									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/16/2000									
Foreign Priority claimed				STATE OR	SH	IEETS	тот	ΓAL	INDEPENDENT
35 USC 119 (a-d) conditions				COUNTRY	DR	RAWING CL		IMS	CLAIMS
Acknowledged Examiner's Signature Initials			CA		25		9	14	
ADDRESS 23373 SUGHRUE MION 2100 PENNSYLV WASHINGTON , 20037	ANIA						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE Multifunction video communication service device									
FILING FEE FEES: Authority has been given in Paper No to charge/credit DEPOSI RECEIVED No for following:				er SIT ACCOUNT		All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time)			
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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 60	1384	RECEIPT DATE:	07 / 27	/ 00
IA NUMBER: PCT/	US99 / 0	1789	<i>IA FILI</i> NG DATE	: 01 / 27	/ 99
FAMILY NAME:	LUDWIG		DELAY WAIVED (Y/N):	Υ
GIVEN NAME:	LESTER F		DEMAND RECEIVE	D (Y/N):	· Y
PRIORITY CLAIMED	(Y/N):	Υ	PRIORITY DATE:	01 / 27	/ 98
NO BASIC FEE (Y/N)) g	N	US <i>DESIG</i> NA <i>TED</i>	ONLY (YZN):	M
ATTORNEY DOCKET NU	JMBER:	COLB-002/01U	COUNTRY:		
- CORRESPONDENCE NAM	ME/ADDRESS	: CUSTOMER NU	MBER: 000000 TEL	EPHQNE 65084	35000
		•	FAX	•	

NAME: COOLEY GODWARD

STREET: FIVE PALO ALTO SQUARE

3000 EL CAMINO REAL

CITY: PALO ALTO

STATE/COUNTRY: CA ZIP: 943062155

EMAIL:

APPLICATION TITLES:

MULTIFUNCTION VIDEO COMMUNICATION SERVICE DEVICES

TAB TO LAST POSITION, PUSH SEND